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AUTHOR Mitchell, Roger E.
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ABSTRACT

As research on social support and informal helping has increased, there have been more calls for consultation efforts that might strengthen informal helping networks. Many support-oriented consultation interventions attempt to bolster informal helping systems by modifying informal caregivers' attitudes toward their helping role, building their helping skills, and/or altering the structure of their network ties. A review of work on consultation efforts with informal caregivers from an ecological perspective suggests five issues deserving more attention in the planning and evaluation of support-oriented interventions: (1) whether intervention efforts introduce changes in the types of people helped by informal caregivers; (2) whether intervention efforts change informal caregivers' relationships with other network members who might be potential caregivers; (3) the costs and consequences to the caregiver, and ways to minimize the costs of assuming a caregiving role; (4) the influence of the social context on the maintenance of change in informal caregivers' actions; and (5) determining which forms of collaboration have the most beneficial impact on both the formal and informal caregiving systems. As researchers continue to conduct research in the community on such support efforts, they should increase their effectiveness as advocates for programs which strengthen natural helping systems. (NRB)

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DESIGNING AND EVALUATING SOCIAL SUPPORT INTERVENTIONS: NEW DIMENSIONS FOR CONSIDERATION

Roger E. Mitchell

University of Rhode Island

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DESIGNING AND EVALUATING SOCIAL SUPPORT INTERVENTIONS: NEW DIMENSIONS FOR CONSIDERATION

Abstract

This article reviews support-oriented consultation interventions aimed at bolstering informal helping systems by modifying informal caregivers' attitudes toward their helping role, building their helping skills, and/or altering the structure of their network ties. Five issues deserving of more attention in the planning and evaluation of support-oriented interventions are discussed: (1) Do intervention efforts introduce changes in the types of people helped by informal caregivers? Since many programs are implicitly concerned with increasing the informal support available to special, "at-risk" subgroups, are informal helpers more or less likely to provide assistance to such individuals? (2) Do intervention efforts change informal caregivers' relationships with other network members, so that an intervention results in stronger norms for helping among members of the network as a whole? (3) What are the costs and consequences to the caregiver, and how can we minimize the costs of assuming a caregiving role? (4) How do settings socialize individuals to utilize of help-seeking in times of stress, and influence the maintenance of change in informal caregivers' actions? and (5) What forms of collaboration have the most beneficial impact on both the formal and the informal caregiving system?

As research on social support and informal helping has mushroomed, there have been increased calls for consultation efforts that might strengthen informal helping networks. In order for such consultation efforts to be successful, two sets of questions need to be addressed: An initial set of questions involve how social support works and what support patterns are most strongly related to well-being. My talk today will focus on a second set of questions, those involving the intervention process with natural helpers: What personal and environmental factors influence the emergence of informal helpers and their use of particular helping styles? What are the costs and consequences for the caregiver of professional intervention and the assumption of new helping roles? I suggest that an ecological framework is useful in addressing such issues and in highlighting key design and evaluation issues for those who plan to work with informal helpers.

Why is it useful to start with an ecological framework? In addition to having evidence that social support has beneficial effects, we must also have some conceptual model of the factors that influence the development of informal helping patterns. Beliefs and assumptions about how supportive ties develop and are maintained will significantly shape subsequent intervention efforts. For example, conceptual models can differ in the extent to which they focus our attention on modifying the informal caregivers' attitudes toward their helping role, on building their helping skills, or on altering the structure of their network ties to others. I believe that an ecological orientation is particularly helpful, in that it redirects our focus toward the social context within which support and helping processes take place, toward both positive and negative consequences of interventions, and toward the long term as well as short term adaptation

of the overall caregiving system. Recently, I have reviewed work on consultation efforts with informal caregivers (e.g., clergy, beauticians, central neighborhood figures, etc) from such an ecological perspective. Let me suggest five issues that I thimk deserve more attention in the planning and evaluation of support-oriented interventions: (1) Do intervention efforts introduce changes in thetypes of people helped by informal caregivers? (2) Do intervention efforts change informal caregivers' relationships with other network members who might be potential caregivers? (3) What are the costs and consequences to the caregiver, and how can we minimize the costs of assuming a caregiving role? (4) How is the maintenance of change in informal caregivers' actions influenced by the social context? and (5) What forms of collaboration have the most beneficial impact on both the formal and the informal caregiving system?

(1) First, Do intervention efforts introduce changes in the types of people helped by informal caregivers. Although evaluations of consultation efforts have examined changes in informal caregiver's frequency of helping, helping style, and subjective experience of the helping role, there has been surprisingly little examination of changes in the types of individuals who were provided assistance. Since many programs are implicitly concerned with increasing the informal support available to special, "at-risk" subgroups, it is important to examine the degree to which informal helpers are more or less likley to provide assistance to such individuals as a result of the consultation intervention. Individuals with histories of social isolation and problematic interpersonal relationships may be most vulnerable to stress, and least able to avail themselves of formal or informal aid. For example, Pancoast (1980) discusses the prospects of consulting with neighborhood "central figures" to enlist them in supporting "at-risk" families as a way of preventing and/or reducing child abuse. She notes that:

"The factors that contribute to the family's isolation --geographical distance, unsociable behavior, divergent values or life-style and so forth-- may make it difficult for natural helpers to reach out to them" (p. 121). Consultants may need to design specific strategies for consultees to reach out to and engage "at-risk" subgroups if that is an important outcome.

A related issue involves the tailoring of the caregiver's helping style to respond to individual differences among helping recipients once a helping relationship is formed. There is some evidence that the characteristics of people that put them at "high risk" for being vulnerable to psychological disorder also make them less effective in taking advantage of the support that is available. For example, Riley and Eckenrode's study of low income mothers provided some evidence that individuals with fewer personal resouces may be less effective in mobilizing support and may benefit less from an available network than those with greater personal resources. Thus, consultants need to consider whether informal caregivers should alter their helping style in response to the varied help-seeking competence of those intended to be recipients of support.

A final issue is that "at-risk" individuals may have few resources for engaging in reciprocal helping exchanges. So, to the extent that informal helpers have altered their network to include large proportions of such individuals, they may be putting themselves in a position of potential "emotional drain." If the existence of a stable and supportive network for neighborhood helpers is the key to their maintaining a helping role over time, then there may be limits to the number of highly depleted relationships helpers can take on before their long term ability to help is diminished. Thus, we need to be sensitive to how our intervention efforts influence patterns of who is being helped.

(2) Second, Do intervention efforts change informal caregivers' relationships with other network members who might be potential caregivers? In particular, did the intervention program help the informal caregiver have an impact on the help-giving roles of those in the networks of which he/she was a part? Although some investigators have aimed to change helping skills and helping style rather than altering the helper's normal pattern of network relationships, consultants should consider how they are influencing helping within the network as a whole. For example, an intervention that results in stronger norms for helping among members of the network as a whole may have more of an impact than an intervention that results in the increased efforts of only a single individual. This might result in a greater capacity for helping in the system as a whole and reduce the liklihood that the focal informal caregiver would become over-burdened and burnt out.

(3) Third, what are the costs and consequences to the caregiver, and how can we minimize the costs of assuming a caregiving role? Consultation interventions are likely to have limited success if their unintended consequence is to create as much stress for the caregiver as they alleviate for the intended recipient of the helping effort. Although service providers are encouraging family members to play a greater role in providing support to such groups as elderly dependent relatives and deinstitutionalized mental patients, there can be considerable stress associated with assuming these caregiving roles. Involvement in social ties entails costs and obligations as well as rewards, so that one must assess the capacity of the helping system to sustain itself over time. If we advocate for increased emphasis on informal helping processes as a way of dealing with social problems, it is important that we make sure that the resources are in place to help sustain informal helpers. Thus, it is as crucial for the consultant to understand how to minimize the costs associated with the assumption of a helping role

as it is to mobilize the helping process itself.

What factors serve to alleviate or exacerbate the stressfulness of a caregiving role? Present evidence suggests the importance of assessing the overall level of stressors and resources in the helper's network. For example, Riley and Eckenrode examined the impact on women's psychological well-being of undesirable life change events happening to members of their network over and above events that the women experienced. They found that women were clearly sensitive and vulnerable to levels of undesirable life changes happening within their networks as a whole, especially if they lacked personal resources. Thus, the consultant needs to assess whether the levels of stressors and resources exhibited by the potential caregiver and the network of which he/she is a part are adequate to sustain him/her in a caregiving role without considerable distress.

In a similar vein, the work of Kessler and his colleagues has examined the way in which the costs of caregiving may be inequitably distributed across gender. They suggest that women are more vulnerable than men to levels of stress and crisis in their networks since women are more likely than men to be involved in caretaking roles. To the extent that informal helping roles continue to be inequitably distributed, increasing pressures for informal caregiving may result in increased burdens on women. We need to be concerned with not only the increases in the frequency of informal helping processes, but also in the degree to which informal helping demands are equitably distributed across groups and individuals who may be most able to assume such roles. If caregiving efforts are to be sustained over time without the breakdown of the caregiving system, program planners must be careful not to be making additional help-giving demands primarily on those whose help-giving activities are already extracting considerably more cost

than gain.

(4) How is the maintenance of change in informal caregivers' actions influenced by the social context? Some of the few follow-up studies done to date highlight the difficulty of ensuring that changes in consultee helping behavior are maintained over time or across settings. I believe that the power of our interventions can be increased if they become more ecologically valid, that is, if they take into account the extent to which the social context encourages or discourages the kinds of changes that are being sought as outcomes of the consultation effort. For example, Warren's work on informal helping patterns in different neighborhood contexts suggests that neighborhood resources, values, and social participation patterns facilitate and constrain natural helping networks in ways that the change agent must understand. The consultant must be aware of how particular informal helping efforts are likely to be received within a particular neighborhood context, even if one goal of the intervention is ultimately to change neighborhood values toward help-giving. Similarly, learning environments within schools have been found to influence students' attitudes toward, and friendship patterns with, those of different ethnic background. Thus, we may be in a better position to assess the potential success of our interventions if we ask basic questions about the ecological context in which they take place: How do settings socialize individuals to utilize of help-seeking in times of stress? How do settings influence the acquisition and use of skills that are central to the development and use of supportive social ties?

(5) What forms of collaboration have the most beneficial impact on both the formal and informal caregiving systems? Although much has been written about the potential benefits and dangers of collaboration between formal and informal caregivers, we know very little about what actually happens when different intervention strategies are used. At the individual level, some

have warned about the potential cooptation of informal caregivers if their "culture of helping" gets undermined and/or overwhelmed by discrepant professional values. Conversely, others have argued that greater contact between laypersons and the professional service system may result in useful challenges to established, professional modes of operation. At the social policy level, excitement about the growth of self-help movement has been accompanied by concerns that shifts toward self-help may serve as a convenient rationale for the reduction of formal services and for the consequent altering of the overall availability of assistance for low-income and or disenfranchised groups. It is important, then, that we begin to examine how advocacy for different forms of informal helping (and for different forms of collaboration) as a social policy can be done in ways that serve to increase the total availability of assistance, avoid the disenfranchisement of particular groups, and improve the helping capacity of both formal and informal helpers.

CONCLUSION

Over the last decade, we have moved from some relatively simple propositions about the stress-support phenomena to a much more complex view of these processes. Such complexity has made us more aware of the difficulties of understanding how support has its effects, and of creating durable changes in natural helping processes. However, this increasing complexity in our research designs and in our findings may reassure us that our sophistication in conceptualizing consultation efforts with natural helpers is beginning to match the complexity that exists in the real world. As we continue to conduct research in the community on such questions, we should increase our effectiveness as advocates for programs strengthening natural helping systems.

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